

THE CONTINUING EDUCATION COORDINATOR'S ***BULLETIN***

INFORMATION AND IDEAS FROM THE INDIAN HEALTH SERVICE CLINICAL SUPPORT CENTER

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"WHERE CAN I GET SPEAKERS FOR MY MEETING?"

This is a frequent question from continuing education coordinators who are planning a meeting or running an hourly series, especially if they are located at an isolated facility. The distance factor is often compounded by a lack of funds available to pay for the travel and lodging expenses of visiting faculty. And now it seems that commercial support of continuing education is something we should no longer be using. "So how can I get speakers to come to my service unit?"

Many service units have shown tremendous ingenuity in solving this dilemma, and we wanted to share some of their ideas with you. Here is a sampling:

- Nearby service units can exchange faculty. Even if there is no difference in the specialty distribution of the medical staffs, there are bound to be differences in interests and expertise at one service unit that match some of the other service unit's identified needs.
- Look beyond the medical staff for expertise. Tribal and community health and social service programs (for example, the alcoholism program), other clinical

departments in your facility (the dentist or the pharmacist), IHS clinical programs (Diabetes, or Mental Health, for example), IHS headquarters or Area Offices, non-profit agencies, state or county health programs, Area Health Education Centers, university outreach programs, state or county medical societies or associations, speaker's bureaus of national medical associations or societies, referral center specialists, and former members of your facility's medical staff are a few ideas to consider. One service unit had a panel discussion on child abuse with representatives of the police department, tribal legal services, the U. S. Attorney's Office, the FBI, the BIA, the Tribal prosecutor, the Family Court judge, and social services.

- Speakers by wire. Ask an expert to give a lecture by phone. This may sound intimidating, but it's really quite simple and effective. Speakers are usually pleased to do this since it means they can avoid leaving home and work and yet they can share their expertise. You need no special equipment (usually someone has a speakerphone at home they can bring in if your service unit doesn't have one). The speaker can send handouts and overheads for you to use during the talk. By the second time you have a telephone conference like this, you will forget that the presenter isn't in the room with you. This opens great horizons in that

you can get speakers from medical schools, IHS headquarters, IHS clinical programs -- virtually anywhere. Make sure you try your equipment ahead of time to eliminate the "bugs."

- Break the lecture routine. If members of your small staff don't want to assume the additional responsibility of preparing a lecture every time it's their "turn," consider other formats. Ask a patient to volunteer to come to the meeting to discuss their disease and your care of it from their perspective. Choose one of the new Practice Guidelines from one of the specialty societies or the Agency for Health Care Policy and Research and use it as the basis to develop practice guidelines for your facility. Assign small facets of a larger problem (for example, "What are standards for screening and routine health maintenance for adults that we will commit ourselves to?") to all participants to research and present for the group to discuss, and then formulate strategy with all departments involved. Devote your facility's QA efforts to assessing your compliance with your standards before and after, and use future CE sessions to improve performance. There are too many illustrations of alternative learning situations to list here, but clearly, the lecture by the visiting expert is not the only way to meet your needs. The only caveat here is that as you shift toward more unconventional methods, you need to be even more rigorous about following your needs assessment process and establishing explicit objectives.

- Explore the possibility of including continuing education in any contracts or agreements you have with clinicians providing consultations, accepting referrals, performing diagnostic testing, or rendering other services. The same goes for vendors of equipment or services with whom you have contracts. For example, if you have an

agreement to lease specialty beds for patients with pressure sores, you might be able to include continuing education on wound care from a wound care specialist in your contract.

- Consider using the CSC Risk Management Modules or other prepared, group learning exercises designed for small group situations.

- Ask the Clinical Support Center for help. We obviously can't provide speakers for your meetings or hourly sessions, but we may have suggestions about who to ask, what other service units have done, or alternative ways to meet your needs.

THE BOTTOM LINE....

Being in a remote location, with no funds available to bring in outside speakers, makes it more challenging to meet the identified continuing education needs of your service unit. Use your collective ingenuity, try experimenting with alternative formats, and please don't hesitate to call the Clinical Support Center for advice or ideas.

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